



Debbie Wamsley <wamsley.debbie@yahoo.com> on 08/04/2010 03:28:21 PM

To: 2022190174@fec.gov
cc:

Subject: FEC Form 9 Filing

Please see the attached
filing.



FEC Form 9 8-3-10.pdf

10030402421

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS**

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

New Leadership In Colorado

(b) Address (number and street) check if different than previously reported

11260 W 60th Avenue

(c) City, State and ZIP Code

Arvada

CO

80004

2. FEC Identification Number

C:

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 0

(b) Communication Title Cloud

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name

Debbie Wamsley

(b) Address (number and street)

11260 W. 60th Avenue

(c) City, State and ZIP Code

Arvada

CO

80004

(d) Name of Employer or Principal Place of Business

None

(e) Occupation

None

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Debbie Wamsley

SIGNATURE

Debbie Wamsley

DATE

8/4/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

10030402422

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name	Transaction ID : F91.4098	
Debbie Wamsley		
(b) Address (number and street)		
11260 W. 60th Avenue		
(c) City, State and Zip Code		
Arvada	CO	80004
(d) Name of Employer or Principal Place of Business	(e) Occupation	
None	None	

10030402423

**SCHEDULE 9-B
Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee Fortune Media, Inc.			Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2010		
Mailing Address of Payee 527 Avenue B			Amount 10715.00		
City Redondo Beach	State CA	Zip Code 90277	Communication Date MM / DD / YYYY 08 / 03 / 2010		
Name of Employer		Occupation		Transaction ID : F93.4108	
Purpose of Disbursement (including title(s) of communication(s)) Radio Production/Advertising					
Name of Federal Candidate MICHAEL F BENNET	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 00	Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____		
E94.4102 Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____		

SUBTOTAL of Disbursement/Obligation This Page (optional)

TOTAL This Period (last page this line number only)

(carry total from last page to line 10)

10715.00

10715.00

10030402424

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-MAIL</i>	Date of Receipt or Postmarked <i>8/4/10</i>

Jaw
 PREPARER

8/4/10
 DATE PREPARED

10030402425